

2018

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	728525		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part		
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
You claim in your grievance that on 3/21/18 staff used excessive force. You also claim that Lt. Dunkle tried to bribe you and extort you. An investigation was conducted regarding your allegations. The records reflects that your issues were adequately addressed. There is nothing new to add to the responses you already received. The record reflects that OC spray was used due to you harming yourself. You have failed to provide any evidence to substantiate your claims. Therefore, your requested relief is denied.			
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	7/5/18		

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2016
 Effective: 2/16/2016

Attachment 2-F



DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSResubmit # 728525
Abuse Policy DC-ADM 804
excessive force.

728525
FOR OFFICIAL USE
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR
MS Green

FROM: (INMATE NAME & NUMBER)
Lamont Zamichieli # LW2870

WORK ASSIGNMENT:
NA

FACILITY:
SCI-Huntington

DATE:
3/30/18

SIGNATURE OF INMATE:
[Signature]

HOUSING ASSIGNMENT:
GCI016 DTR

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Relief: Any/anytime I exit or placed back in my cell, I want audio/visual recording on me to prove everything said/done. Relief: I stay in my cell. Double window. Relief: Transfer from this facility to another DOC facility in West Virginia.

Resubmit # 728525... on 3/21/18 between 7:00-8:00pm all involved officers/employees at SCI-Huntington on DTR used Planned Malicious Intentional excessive force on me, a serious mentally ill inmate "D" stability then denied/delayed me medical care/mental health for injuries. obtained LT. Dunkle ordered DTR/other officers to pepper spray O.C. MACE spray on me in strip cage of DTR while I was knocked unconscious/having seizure. Days later upon investigating I was told by numerous officers/inmate who witness and heard staff saying inmate Zamichieli repeatedly banging his head on metal cages to self harm and knocked himself out and others. Force was planned according to recollection of threats by LT. Dunkle hours before on same day! He stated he wanted to harm me and will when he get chance to if I snatched from him for sexual abuse/bribery while escorting me back from DOC medical observation on 3/21/18. Used excessive force discretion to pepper spray me while I was knocked unconscious/seizure. cell, C/O Henry/C/O Parkes was working DTR untrained to work ground deal with mentally ill suicidal inmates... These officers saw me banging my head hard against metal bunk frame and didn't report or help when I told them I was feeling suicidal and needed to talk. Report sexual abuse. They ignored and made me threatened to harm me more. Camera footage available and requested to be saved all cameras. Force was used on me in strip cage when I was unconscious/medical seizure etc... I don't remember much, so I request cameras to be saved shown as evidence on 3/21/18 at 7:00-8:00pm... had held camera/strip cage camera etc. Wake up being sprayed with O.C. spray after knock out unconscious/seizure from self injury. Behavior head banging to wall door etc. I was no longer harm threat to myself or others while unconscious/in need of medical treatment. Instead of treating me as patient I was treated as a violent inmate. NLI'S ANGE - assault.

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2016

Attachment 1-A

Initial # 728525

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

Pg 2 of 2.

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MS Green	FACILITY: Huntingdon	DATE: 3/30/18
FROM: (INMATE NAME & NUMBER) Lamont Zanicelli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: NA	HOUSING ASSIGNMENT: G1016 DM	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner. (Relief: 200,000 Rel. of. Camera Records)
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. I suffer head trauma on Brain injuries, Bruised eyes due to excessive force.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. I believe its necessary for me to add all details in this one grievance because it all happened/occurred series of pattern. First officers used excessive force on me then they told nurse Ashley to deny me adequate medical care for injuries of Black eyes, head injuries, possible ~~concussion~~ concussions etc on 3/21/18 incident. It should all be on camera. NO SCENES SHOULD BE MISSING! If scenes are missing, Department Records are fabricated then thats staff employees wrong by trying to withhold information that will substantiate my claims of abuse/sex abuse, excessive force medical treatment etc. I was planned to be in evidence. All parties listed on 3/21/18 8:00pm. DTM strip cage suffering from injuries in need of medical attention on 3/21/18. IT Dunkle ordered officers to spray pepper spray on me. as I was told by multiple employees/inmates who witnessed and overheard officers maliciously planning to spray me and hide strip cage of DTM. IT is unconscious on seizure, how could inmates be able to respond to orders given by employees who know and see inmate is in need of medical attention??? Blast of a whole can of pepper spray used on me! I request cameras to be saved for civil court review. IT Dunkle + officers physically harmed me, I now suffer trouble breathing, blurry vision, eye issues, dizziness, nausea, chest pains, seizures, migraines etc from use of excessive force. IT Dunkle and DTM officers has policy to practice using excessive force on mentally ill inmates in DTM. I and others had witnessed officers maliciously pepper spray inmates and then taken on brag about it, gossip and make fun of it. Using it as a tool weapon to punish and harm inmates on purpose. I now live with fear, constant worry PTSD of being harmed on purpose again if I disobey. I have to be housed in DTM at this facility of illegal policies. When properly processed your grievance has been received and will be processed in accordance with DC-ADM 804. By medical nurse Ashley for injuries caused on 3/21/18.

B. List actions taken and staff you have contacted, before submitting this grievance.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/28/2016

Effective: 2/16/2016

Attachment 1-A

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Zamir Diehl	Inmate Number:	LW2870
Facility:	Huntingdon	Unit Location:	Cell 100
Grievance #:	728525	Grievance Date:	3/30/18
Decision: <input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Uphold in Part/Deny in Part <input checked="" type="checkbox"/> Grievance Denied			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:		Frustrated	
<p>I have received your grievance in which you allege that excessive force was used on you, Lt Dunkle tried to bribe and extort you, and staff has abused you to the point where you need camera coverage on you at all times. I have investigated your grievance talked to staff, to include Lt Dunkle, and reviewed videos of the stated incidents. You have several different claims in this grievance and I will attempt to answer all of them.</p> <p>You allege that on 3/21/18 that staff used excessive force on you. When you continuously refuse to follow orders of staff including Lt. Dunkle and you attempt to commit self-harm by banging your head on doors and the DTU processing unit, the staff have no other course of action except to use OC or other means to stop you from attempting to harm yourself. You make allegations that Lt Dunkle is doing this because he wanted to give you cell phones and drugs to set up other inmates with the contraband. This is a lie. I have talked to Lt. Dunkle and No such offer has ever been made or implied by him or any other staff. You claim you need to be on camera at all times when you are out of your cell. There is camera coverage all over the DTU. With the amount of camera coverage on the DTU, you can be observed on camera every time you exit your cell. There is no need to have a handheld camera on you every time you exit your cell. You question the fact that you are not getting medical needs or you mental needs addressed properly. Every time you have a problem or a concern, when you commit or attempt to create self-harm. Then medical department is notified and they will see you at your cell or pull you out to be checked. I have checked your ICAR and have noted numerous entries by Mr. Diehl and Mr. Parsons regarding making contact with you and checking on your wellbeing. If you would start following the institutional rules and regulations, and policies and procedures the DTU staff would never have any problem with you and you could work off your DC and be released to population.</p> <p>For the above reasons this grievance and all relief sought is denied.</p> <p><i>green</i></p>			
Signature:	<i>C. K. H. H.</i>		
Title:	RHU/DTU UM		
Date:	4/25/18		

cc: Superintendent
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

5/100d
Attachment 1-D

Pg 1 of 2 Appeal # 728525

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

Appeal # 728525 to Sup Kaufman

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Supt. Kaufman Facility Manager	FACILITY: Sci. Huntington	DATE: 4/21/18
FROM: (INMATE NAME & NUMBER) Lemont Zanchich # LW2870	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: GCI009 DPA	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form, and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Appeal # 728525 to Facility Manager under Abuse Policy DE ADM 001 and Prisoner. The following facts are true!! (1) 3/21/18 between 7:00-8:00 PM all officers/employees named in original first level grievance used excessive force maliciously/intentionally while I was in need of medical attention UNCONSCIOUS/Seizure epilepsy disorder to harm me. (2) camera footage of whole scene of incident is saved available for review and counts with need that I've had. (3) Sci Huntington has a Policy to spray pepper spray first and ask questions never... based on verbally told by C/O Henry, Pines, LT Dunkle, Wm-Kendrick! (4) Huntington's Policy is to pepper spray inmates who is in difficulty when a stoppage unconscious, having seizure, heart pain etc who in need of medical care for seizure/brain issues because employees fear for their own safety and when inmates are unconscious unresponsive! (5) As what Wm Kendrick told me, as he train his officers to use excessive force on mental inmates in DRU. (6) No orders could be given to me and I couldn't refuse to follow orders since I was UNCONSCIOUS. Unresponsive and having seizure in area of medical attention. (7) I didn't attempt to commit self harm or bang my head because I did bang my head to floor wall and I knocked myself unconscious and trigger seizure attack and all employees failed to prevent it but pepper sprayed me multiple times I was knocked unconscious seizure and unresponsive. (8) These officers didn't pepper spray me, ~~they didn't~~ while I was banging head self harm. The me after I was knocked unconscious unresponsive seizure. (9) force was unnecessary and maliciously planned to harm me as LT Dunkle threatened point in that they say he want to spray me and he will when chance is given because I turned down his offer as he wanted to bring in cell phone drugs form to set other inmates up, so he can take attention off of himself and other employees who did but didn't get caught as other employees.

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804. Was caught Monday

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

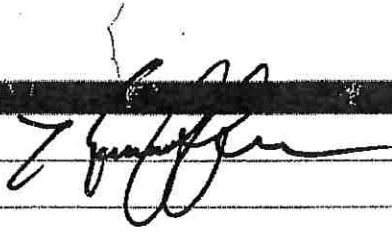
PINK Action Return Copy

DC 141 Rev. 9/2009 INMATE VERSION AND WITNESS STATEMENTS		PART II(C) HEARING SUPPLEMENT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS		Date of Report: 10/24/10 Case No: 728525	
DC Number	Name	Facility	No. from PART I				
EW 2810	Lomon Zomicheli	Harrisburg	Page 2 of 2				

Facility Manager's Appeal Response
SCI-Huntingdon
 1100 Pike St.
 Huntingdon, PA 16654-1112

BTU1009

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	728526 728525		
Decision:			
	<input checked="" type="checkbox"/> Uphold Response (UR)	<input type="checkbox"/> Uphold in part/Deny in part	
	<input type="checkbox"/> Uphold Inmate (UI)	<input type="checkbox"/> Dismiss/Dismiss Untimely	
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:			
<p>In reviewing your grievance and appeal, I note that your concern with the use of OC was appropriately addressed by Mr. Kendrick. In your appeal, you repeat the claims presented in your initial grievance. You believe <u>staff maliciously</u> planned to harm you and that you were pepper sprayed for trying to report sexual abuse. In his response to your initial grievance, Mr. Kendrick explains why staff had to use OC on you. He notes your numerous mental health contacts to ensure your wellbeing. I find no evidence staff used OC inappropriately or that there was any malicious plan to harm you. I can only encourage you to refrain from the types of behaviors that result in the use of OC.</p> <p>In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	5-23-18		

cc: DC-15
File

DC-804
Part 1

Appeal to Final Review # 728525 X COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

728525

TO: FACILITY GRIEVANCE COORDINATOR <i>Final Review level</i>	FACILITY: <i>SCI-Huntingdon</i>	DATE: <i>6/7/18</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont Zamicheli #LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>G C1010 DTU</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. *Threatened, Br sex abuse and urinary distress evidence of*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *My beliefs are as requested in my initial responses. Compensate*

Appeal # 728525 to Final Review Presents The following facts below:
PER 13.8.1, 6.3.1, and 6.5.1 PA DOC Policies and the ADM-201, being as I am a (SMD) Serious Mentally ill inmate Stability D. Roster individual I was to be given the LESS USED force to prevent me from self injury or while I was unconscious, unresponsive, seizure, in need of medical attention. A serious medical-mental health needs as quoted in the ADM-201 section 1, B, and 2 under ~~13.8.1~~ instruments of restraints and the 6.3.1 Facility Security Section 33, restraints. I was not to be pepper sprayed. I was to be restrained placed in cuffs and placed in a restraint chair. To cause harm on individual for (SIB) self injurious behavior as quoted in the 13.8.1 and the 6.3.1 DOC policies is a planned use of unnecessary force in which violates my due process 14th amendment and 8th amendment cruel/unusual punishment secured by the U.S. Constitution also falls within guide lines of ADA and section 504 of RA. Prohibited discrimination based on mental health qualified schizophrenia disorder disability and seizures epilepsy, etc! To inflict injury on a (SMD) individual causing (SIB) self injurious behavior OR caused to injure already in past, is a matter of ABUSE as quoted in the ADM-201 DOC Policy and an act of unlawful use of force as quoted in section 2 of the ADM-201 under A, review 5, 6, and 7 appropriateness of the level of force used in any potentially problematic issues and recommendations of follow up actions. In which the Policy rules and regulations can

B. List actions taken and staff you have contacted, before submitting this grievance. *self injurious behavior OR caused to injure already in past, is a matter of ABUSE as quoted in the ADM-201 DOC Policy and an act of unlawful use of force as quoted in section 2 of the ADM-201 under A, review 5, 6, and 7 appropriateness of the level of force used in any potentially problematic issues and recommendations of follow up actions. In which the Policy rules and regulations can*
Your grievance has been received and will be processed in accordance with DC-ADM 804. a bridge to fit

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

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The code of
ethics as in
under B.1, 22
and 31.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/16/2016

Attachment 1-A

2018

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	733568		
Publication (if applicable):			
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part			
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	F frivolous		
You claim in your grievance that excessive force was used when staff sprayed OC on you. An investigation was conducted regarding your allegations. The record reflects that you attempted to grab a staff member and OC was used to prevent you from grabbing him. The record reflects that at no time was excessive force was used. You have failed to provide any evidence that policy was violated. Therefore, your requested relief is denied.			
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	8/7/18		

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

61009

8/31

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE
733568
GRIEVANCE NUMBER

ABUSE Policy of ADM Cool
from all possible cases.

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	4/15/18 Secretary's Office Inmate Grievances & App
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	

GC1009 DMK

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

According Pursuant to Policy Abuse De ADM 8001 Med... on 4/19/18 between 4:20-4:40P
officer Merritts used planned malicious excessive force on me intentionally by admin. using
Pepper Spray OC Spray on me in Cell 604 BTR 1007 when I was in Need of Medical attn
due to missing many MEALS and Not taking meds on Drinking water. I complained to Officer
officers and this time telling him to call medical because my kidneys were hurting, I
I was having chest pain trouble breathing. I have chronic health conditions heart conditions, spine
chronic disorders, hypertension, tuberculosis, scoliosis and numerous of serious medical mental health disor
I am depressed, Schizoaffective Disorder PTSD Anxiety, Ant. Social Personality Disorder, etc
I am taking meds not by my own choice but by court orders. Officer Merritts Assaulted me
on 4/19/18 between 4:20-4:40pm and then wrote false report malicious misconduct on me for
lack of cashly was wrongdoing misconduct at D-081493. I did not throw meal tray or floor
out of this officer. I did not try or attempt to grab or assault this officer in any way, I
I refuse to give meal tray to him as he said. I ask for camera footage to be saved. It will be
for review of, review of Civil Rights Action at least off camera footage to be saved. It will be
serious mentally ill, stroke, SMZ, D stability in the BTR. Second time within month being
with pepper spray by law officer of Self-Flintington. I make a mean by cells will be
Self-Flintington's actions were my behalf. Sent medical complaints, I am in danger, when he released
I told the nurse to spray me with Pepper Spray because I was in danger. I was in danger.

B. List actions taken and staff you have contacted, before submitting this grievance.

[illegible]

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

Dtu

109

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Zamichieli	Inmate Number:	LW2870
Facility:	Huntingdon	Unit Location:	G block
Grievance #:	733568	Grievance Date:	4/24/18
Decision:			
<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in Part/Deny in Part			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous		
<p>I have received your grievance in which you allege that Staff used excessive force on you by using OC on you. I researched your grievance, talked to several staff members, and reviewed the use of force that was prepared and submitted. You attempted to grab a staff members arm and OC was used on you to prevent this from happening. At no time was the use of force excessive or outside the guidelines set forth in policy and procedures. If you would follow policies and procedures, you could eliminate any possible uses of force.</p> <p>For the above reasons this grievance and all relief sought is denied.</p> <p><i>green</i></p>			
Signature:	<i>C. Kuntz</i>		
Title:	RHU/DTU UM		
Date:	5/11/18		

cc: Superintendent
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review


Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-D

733568

First level of appeal
to the Superintendent

733568

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
Appeal to the		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
Superintendent of (SC) Huntingdon			
1. To: (Name and Title of Officer)	2. Date:		
Mr Kevin Kaufman	6-4-18		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
Lamont Zamichiel LW-2870	*		
 Inmate Signature	5. Unit Manager's Name		
	Mr Kendrick		
6. Work Assignment	7. Housing Assignment		
N/A	DTU-1009		
8. Subject: State your request completely but briefly. Give details.			
<p>Sir i will like for you to reinvestigate my claims in my initial report unit manager Kendrick made a misjudgement in his report sir if you would run the camera back on that time and date indicated in my initial report witch was/is 4-19-18 time framed (16:20 to 16:40) you will have a clear side view of my cell from camera 138 witch views the bottom left sir. You will see me reach my hand out my wicket to obtain possession of it sir. i never grab the officer as he said i attempted to do sir. And as i read the DC-ADM-201 use of force sir. Now sir being as i never grab that officer and i was still secured in my cell Per 6.3.1 and 6.5.1 and ADM-201 their was no reasoning as quoted in policy to use force. Sir as you look at the camera you will see the officer step back after i took hold of the wicket (which) fasten the latch of his hip (which) OC consist in start to spray me sir in the face witch is the use of force were it was not needed sir. As quoted in the ADM-201 Section 2, A 4 and 5. Sir the officer whom use the OC spray sir do not have even two years in an Department of corrections grounds sir there in fact he's still in his training.</p> <p>9. Response: (This Section for Staff Response Only)</p> <p>State i witch he violated sir. I never had hold of him sir. I never attempted to grab him neither sir he abused his authority to make right and sound judgement of enforce laws sir. And by him unlawfully using force on me falls in lines of abuse sir. AS quoted in the ADM-201 Excessive force used against an inmate maliciously for the purpose of causing harm and improper use of force - Failure to follow the departments policies regarding the use of force continuation in a justified manner. My Beliefs ARE AS is in my initial Report.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____

Print

Sign

Date _____

Facility Manager's Appeal Response

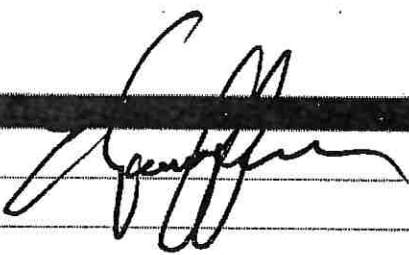
SCI-Huntingdon

1100 Pike St.

Huntingdon, PA 16654-1112

C110

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	733568		
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR)		<input type="checkbox"/> Uphold in part/Deny in part	
<input type="checkbox"/> Uphold Inmate (UI)		<input type="checkbox"/> Dismiss/Dismiss Untimely	
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
<p>In reviewing your grievance and appeal, I note that your concern with the use of OC was appropriately addressed by Mr. Kendrick. In your appeal, you explain your version of the events resulting in the use of OC. You argue the use of force policy was violated. In his response to your initial grievance, Mr. Kendrick explains he interviewed staff and reviewed the use of force report. He found the use of OC was appropriate and within policy guidelines. As a result of this incident, as you yourself note, you received a misconduct. Your request for \$85,000 is denied.</p> <p>In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:			
Title:	Facility Manager		
Date:	6-27-18		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 - Appeals

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 2-B

DC-804
Part 1

ATTN: Appeal # 733568

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Final Review Central office	FACILITY: SCI Huntingdon	DATE: 7/14/18
FROM: (INMATE NAME & NUMBER) Lamont Zamicheli # LW2870	SIGNATURE OF INMATE:	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: Relief: 385 day of my G C 1010 DTU Relief: Remove Clomerritts	
INSTRUCTIONS: (I request cameras of all dates times to be saved) Relief: As requested in 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. initial grievance 851000 2. State your grievance in Block A in a brief and understandable manner. Cpl excessive force 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of result staff members you have contacted. I New has permanent eye injuries loss of vision, double A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. I was 105 Appeal # 733568 to final review cameras speak for itself... I was assaulted by C/O Merritts II on 4/19/18 between (16:20 - 16:40) hours... He used Planned malicious intentionally excessive force and pepper sprayed me while I was secured behind my door cell G C 1007. Cameras will verify and serve I felt weak in chronic pain requesting medical attention psychiatric care and he maliciously used force and then wrote false misconduct to cover up the crime I did not assault or attempt to assault him or any officer in anyway... Se camera. I never refused an order... I put hands to be clipped on wicket... I never grabbed or attempted to grab him, or throw tray or anything at him. I was given DC 709 for secured food pass double aperture and food restriction DC 708) for inside But however returned from POC near D suicide watch... I was housed in cell G C of DTU, a regular cell no camera no secured food aperture... had a regular wick because (1) Clomerritts, LT. Dunkle and C/O Henry knew that they plotted planned to hurt me spray me and a retaliation act on me... They knew plus cameras verified that I wasn't a threat to any officers nor I didn't attempt to assault officer Merritt B. List actions taken and staff you have contacted, before submitting this grievance. Because if I did on other I would have been in Double secure food aperture cell for safety protocol. (2) Staff wanted to be deliberate indifferent as was to my safety psychiatric needs health needs also physical needs after being assaulted by C/O Merritts with pepper spray the whole can on his wrist. He used malicious excessive force on me I (S.M.I) inmate the force was malicious plus officer is still in training stage Your grievance has been received and will be processed in accordance with DC-ADM 804.		

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy

CANARY File Copy

PINK Action Return Copy

GOLDEN ROD Inmate Copy

I returned from POC near D placement on about

4/23/18 and housed in cell G C 1009... a cell without
double aperture/camera as DC 709 restriction was
was valid, correct?

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/16/2016

Lack of decontamination

after use of OC pepper

SO by me being housed

in a cell without

restriction 709 aperture

of career. He violated DOC
Policy, State and Federal Law
didn't follow the DCADM DC
use of force policy or G.3.
ca G.5.1. Spraying me
Attachment 1-A
for no reason but CS to
retaliate for rest one.

He and C/O Henry first plotted planned threatened to spray me
intentionally, they actually use force and sprayed me. I
was housed in Reg D DC 1001 4/19/18 to 4/23/18 ensure side wicket co to
observe inmates monitor inmates.

Relief:
suspend
C/O Merritts
for 90 days
no pay!!!
plus I want
to give
Sincerely
a Polio